

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

253  
APPLICANT(S)

FILING DATE

855 6-3-94

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		2				
6		/				
7		/				
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50						
TOTAL IND.	1					
TOTAL DEP.	23					
TOTAL CLAIMS	24					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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